

EXHIBIT C

PROOF OF CLAIM

Name of Debtor

USA COMMERCIAL MORTGAGE CO

Case Number

Bk - S-06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers
 This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

Check box if this address differs from the address on the envelope sent to you by the court

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

THIS SPACE IS FOR COURT USE ONLY

Name of Creditor and Address

11321241002189

JASON D FERNANDES AND FIOLA FERNANDES
 4001 OAK MANOR CT
 HAYWARD CA 94542-1445

Creditor Telephone Number () 510 537-0700

Last four digits of account or other number by which creditor identifies debtor

7442

Check here replaces
 if this claim or
 amends a previously filed claim dated _____

1 BASIS FOR CLAIM

Goods sold Personal injury/wrongful death
 Services performed Taxes
 Money loaned Other (describe briefly)

Retiree benefits as defined in 11 U S C § 1114(a)

Unremitted principal

Wages, salaries, and compensation (fill out below)

Other claims against servicer
 (not for loan balances)

Last four digits of your SS # _____

Unpaid compensation for services performed from _____ to _____

(date) (date)

2 DATE DEBT WAS INCURRED 12/05/2006

3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed
 See reverse side for important explanations

SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate Motor Vehicle Other

Value of Collateral \$ not known at the time

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 151,359.38

UNSECURED NONPRIORITY CLAIM \$

Check this box if there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority

Check this box if you have an unsecured claim all or part of which is entitled to priority

Amount entitled to priority \$ _____

Specify the priority of the claim

Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)
 Wages, salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)
 Contributions to an employee benefit plan - 11 U S C § 507(a)(5)

Up to \$2 225* of deposits toward purchase, lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7)

Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)

Other Specify applicable paragraph of 11 U S C § 507(a) (____)

*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM \$

AT TIME CASE FILED

(unsecured)

\$ 151,359.38

(secured)

\$ 151,359.38

(priority)

\$ 151,359.38 (Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped, self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO
 BMC Group
 Attn: USACM Claims Docketing Center
 P O Box 911
 El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO
 BMC Group
 Attn: USACM Claims Docketing Center
 1330 East Franklin Avenue
 El Segundo CA 90245

THIS SPACE FOR COURT USE ONLY

FILED OCT 10 2006

USA CMC



1072500524

DATE 9/30/06 SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)
Jason Fernandes Fioia Fernandes

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company		Case Number 06-10725-LBR	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503			
Name of Creditor (The person or other entity to whom the debtor owes money or property) Douglas Minter Elizabeth F. Minter, Trustees of Minter Family 1994 Trust		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent Minter Family 1994 Trust c/o Douglas Minter & Elizabeth Minter 5389 Conte Dr. Carson City, NV Telephone number 775-884-1653 89701		THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor		<input type="checkbox"/> Check here if this claim <input checked="" type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____	
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other <u>See Exhibit A</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Last four digits of your SS # _____ <input type="checkbox"/> Unpaid compensation for services performed from _____ to _____ (date) (date)	
2 Date debt was incurred <u>September 2003</u>		3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. Unsecured Nonpriority Claim <u>\$622,044.87</u>			
<input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority			
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority		Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)	
Amount entitled to priority \$ _____		Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral <u>s Unknown</u> Amount of arrearage and other charges at time case filed included in secured claim if any <u>\$9312.51</u>	
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)			
5 Total Amount of Claim at Time Case Filed <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		<u>\$622,044.87</u> <u>622,044.87</u> <u>622,044.87</u> (unsecured) (secured) (priority) (Total)	
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		THIS SPACE IS FOR COURT USE ONLY	
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary			
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim		<u>FILED JAN 16 2007</u>	
Date 1/10/07	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) Douglas Minter, Trustees		

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U

USA CMC



1072502383

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA (LAS VEGAS)		PROOF OF CLAIM	
Name of Debtor USA Commercial Mortgage Company		Case Number 06-10725-LBR	
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) Premiere Holdings, Inc. Defined Benefit Pension Plan & Trust		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court	
Name and address where notices should be sent c/o Scott D. Fleming, Esq. Hale Lane Peek Dennison and Howard 3930 Howard Hughes Parkway, 4th Floor Las Vegas, Nevada 89169 Telephone number 702-222-2500		THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor Account ID 308		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends	
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (fill out below) Last four digits of SS # _____ Unpaid compensations for services performed from _____ to _____ (date) (date)	
2 Date debt was incurred See Attachment A		3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations			
Unsecured Nonpriority Claim \$ <u>Unknown</u> (see Attachment A) a) Check this box if a) there is no collateral or lien securing your claim, or b) Your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority			
Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier — 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(5)			
5 Total Amount of Claim at Time Case Filed		\$ <u>Unknown</u> (unsecured) (secured) (priority) \$ <u>Unknown</u> (Total)	
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		THIS SPACE IS FOR COURT USE ONLY	
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8 Date-Stamped Copy To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim			
Date November 9, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) /s/ Scott D. Fleming, Esq.		
		USA CMC  1072500844	

Penalty for presenting a fraudulent claim Fine of up to \$500 000 or imprisonment for up to 5 years, or both 18 U S C §§ 152 and 3571

Form B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA (LAS VEGAS)		PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Premiere Holdings, Inc Defined Benefit Pension Plan & Trust	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court	
Name and address where notices should be sent c/o Scott D Fleming Esq Hale Lane Peek Dennison and Howard 3930 Howard Hughes Parkway 4th Floor Las Vegas Nevada 89169 Telephone number 702-222-2500	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor Account ID 308	Check here if this claim	<input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensations (fill out below) Last four digits of SS # _____ Unpaid compensations for services performed from _____ to _____ (date) (date)	
2 Date debt was incurred See Attachment A	3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations		
Unsecured Nonpriority Claim \$ _____ <u>Unknown</u> (see Attachment A) a) Check this box if a) there is no collateral or lien securing your claim or b) Your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority		
Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier — 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(5)		
5 Total Amount of Claim at Time Case Filed \$ _____ <u>Unknown</u> (unsecured) (secured) (priority) \$ _____ <u>Unknown</u> (Total) <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges		
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		THIS SPACE IS FOR COURT USE ONLY FILED NOV 10 2006
7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary		
8 Date-Stamped Copy To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date November 9 2006	Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) /s/ Scott D Fleming Esq	
USA CMC  1072501277		

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor		Case Number 06-10725 LBR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court	
Name of Creditor and Address BARBARA M. SANCHEZ P.O. Box 90528 SANTA BARBARA, CA 93190 Creditor Telephone Number 805 8989848		DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS <small>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again</small> THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor		<small>Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> or <input type="checkbox"/> amends a previously filed claim dated _____</small>	
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly)		<input type="checkbox"/> Unremitted principal <input type="checkbox"/> Other claims against servicer (not for loan balances) <small>Last four digits of your SS # 5731 Unpaid compensation for services performed from _____ to _____ (date) (date)</small>	
2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed <small>See reverse side for important explanations</small>		3 IF COURT JUDGMENT, DATE OBTAINED SECURED CLAIM <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) <small>Brief description of collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any \$ _____</small>	
UNSECURED NONPRIORITY CLAIM \$ _____ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____) <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
5 TOTAL AMOUNT OF CLAIM \$ _____ AT TIME CASE FILED \$ _____ <small>(unsecured) (secured) (priority) (Total)</small>			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary			
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		THIS SPACE FOR COURT USE ONLY <small>BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911</small>	
DATE 10-2-06		SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <small>Barbara Sanchez</small>	
<small>Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571</small>			

FILED OCT 06 2006

USA CMC



1072500467

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT _____		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company		Case Number 06-10725-LBR	
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>			
<p>Name of Creditor (The person or other entity to whom the debtor owes money or property) Alan R. Simmons & Judith B. Simmons husband & wife as joint tenants with right of survivorship</p>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court	
<p>Name and address where notices should be sent ALAN R. SIMMONS & JUDITH B. SIMMONS PO BOX 13296 SOUTH LAKE TAHOE CA 96151-3296</p>		THIS SPACE IS FOR COURT USE ONLY	
<p>Telephone number</p>		<input type="checkbox"/> Check here if this claim replaces _____ <input type="checkbox"/> amends a previously filed claim dated _____	
<p>1 Basis for Claim</p> <p><input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other See Exhibit A</p>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
<p>2 Date debt was incurred December 2002</p>		<p>3 If court judgment, date obtained</p>	
<p>4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations</p> <p>Unsecured Nonpriority Claim \$ 593,144.11</p> <p><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority</p>			
<p>Unsecured Priority Claim</p> <p><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority</p> <p>Amount entitled to priority \$ _____</p> <p>Specify the priority of the claim</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)</p> <p><input type="checkbox"/> Wages, salaries or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)</p> <p><input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)</p>		<p>Secured Claim</p> <p><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)</p> <p>Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ unknown</p> <p>Amount of arrearage and other charges at time case filed included in secured claim if any \$ 9291.46</p> <p><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7)</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)</p> <p><input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) _____</p> <p><i>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</i></p>	
<p>5 Total Amount of Claim at Time Case Filed</p>		<p>\$ 593,144.11 <input type="checkbox"/> (unsecured) <input type="checkbox"/> (secured) <input type="checkbox"/> (priority) <input type="checkbox"/> (Total) 593,144.11</p>	
<p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges</p>			
<p>6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim</p>		THIS SPACE IS FOR COURT USE ONLY	
<p>7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary</p>		<p>FILED JAN 12 2007</p>	
<p>8 Date Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim</p>			
Date 01/11/07	<p>Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)</p> <p><i>Alan R. Simmons</i> Alan R. Simmons</p>		



FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT _____		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company		Case Number 06-10725-LBR	
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>			
<p>Name of Creditor (The person or other entity to whom the debtor owes money or property) Robert W. Ulm Trustee of the Robert W. Ulm Living Trust dated 4/11/05</p>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
<p>Name and address where notices should be sent Robert W. Ulm -Trustee 414 Morning Glory Road St. Marys GA 31558 Telephone number 912-673-6020</p>		THIS SPACE IS FOR COURT USE ONLY	
<p>Last four digits of account or other number by which creditor identifies debtor 3748</p>		<input type="checkbox"/> Check here <input checked="" type="checkbox"/> replaces if this claim <input checked="" type="checkbox"/> amends a previously filed claim dated 11/07/06	
<p>1 Basis for Claim</p> <p><input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other See Exhibit A</p>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
<p>2. Date debt was incurred 02/02/04</p>		<p>3 If court judgment, date obtained</p>	
<p>4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations</p> <p>Unsecured Nonpriority Claim \$ 688,165</p> <p><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority</p>			
<p>Unsecured Priority Claim</p> <p><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority</p> <p>Amount entitled to priority \$ _____</p> <p>Specify the priority of the claim</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)</p> <p><input type="checkbox"/> Wages, salaries or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4)</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)</p>		<p>Secured Claim</p> <p><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)</p> <p>Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ Unknown</p> <p>Amount of arrearage and other charges at time case filed included in secured claim if any \$ 12,447</p> <p><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7)</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)</p> <p><i>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</i></p>	
<p>5 Total Amount of Claim at Time Case Filed</p>		<p>\$ 688,165 688,165 688,165</p> <p>(unsecured) (secured) (priority) (Total)</p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges</p>	
<p>6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim</p>		THIS SPACE IS FOR COURT USE ONLY	
<p>7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary</p>		FILED JAN 11 2007	
<p>8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim</p>			
Date 01/08/06	<p>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney), if any)</p> <p><i>Robert W. Ulm Trustee</i></p>		

Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 and 3571

USA CMC



1072502088

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor <i>KUSA USA Commercial Mortgage Company and affiliated debtors</i>	Case Number <i>06-10725-LBR and related cases</i>	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.
Name of Creditor and Address <i>Melody J violet PO Box 2201 Vista CA 92085</i>		DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS <small>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again</small>
Creditor Telephone Number (<i>858-442-6684</i>)		THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor <i>7586</i>	Check here <input type="checkbox"/> replaces <small>if this claim</small> <input type="checkbox"/> or <small>a previously filed claim dated</small> <small>if this claim</small> <input type="checkbox"/> amends <i>RESERVE The right to amend</i>	
1 BASIS FOR CLAIM	<input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) <input type="checkbox"/> Unpaid compensation for services performed from <i>Feb 06 to ongoing</i> <small>Last four digits of your SS #</small>	
2 DATE DEBT WAS INCURRED <i>Feb 06 ongoing</i>	3 IF COURT JUDGMENT, DATE OBTAINED <i>(date) FEB 06 (date)</i>	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations	SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <i>\$ 308,000</i> Value of Collateral <i>\$ 308,000</i> Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any <i>\$ Contingent</i> <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____) <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>	
5 TOTAL AMOUNT OF CLAIM <i>\$ Contingent</i> AT TIME CASE FILED <i>\$ Unliquidated</i> (\$ <i>unsecured</i>) \$ <i>Claim</i> (\$ <i>secured</i>) \$ <i>Claim</i> (\$ <i>priority</i>) \$ <i>Claim</i> (\$ <i>Total</i>)		
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges		
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		
7 SUPPORTING DOCUMENTS <i>Attach copies of supporting documents</i> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary		
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)		THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn: USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911		BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245
DATE <i>1/2/07</i>	SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <i>melody J violet</i>	